parasites apparently had but little influence on food digestion, nor did they influence the reaction of the feces.

The Occurrence of Gout in the United States.—After referring to the general belief that gout is of infrequent occurrence in the United States, and quoting several English authorities supporting this view, FUTCHER (*Practitioner*, July, 1903, p. 6) proceeds to show that this belief is quite erroneous. This is done by comparing the number of cases of gout admitted to the medical wards of the Johns Hopkins Hospital for a period of fourteen years with the number admitted for the same period to St. Bartholomew's Hospital, a general hospital in Southern England, where gout is conceded to be more prevalent than anywhere else in the world. In the former institution for this period there were 41 cases of gout, or 0.26 per cent. of the total number of medical patients, while in the latter there were 124 cases of gout, or 0.37 per cent. of the medical cases. The ratio of gout admissions to the two institutions was practically two to three. In other words, the frequency of gout in a general hospital in London is only one-third greater than in a similar institution in Baltimore, and there is no reason to believe that the disease is more frequent in Maryland than elsewhere in the United States.

In the majority of the cases the disease was acquired rather than inherited. Alcohol, in the form of fermented spirits, and lead were the most potent etiological factors. All of the patients were males, and with one exception whites. Thirty-two of the patients were native-born Americans. In 39 the disease had reached the chronic stage, and in 19 tophi were present.

Arteriosclerosis was evident in 29 cases. The majority of the cases showed signs of nephritis of an interstitial type. Albumin was present in 32 and hyaline or granular casts in 26 instances. There were 4 cases of gouty bursitis, 1 of parotitis, 1 of pericarditis, and 1 of retrocedent gout, with symptoms simulating intestinal obstruction.

The difficulty of differentiating the disease from articular rheumatism in the early stages was illustrated by the fact that four of the cases were repeatedly diagnosed as the latter on their early admissions, the appearance of tophi containing characteristic acicular crystals of biurate of soda, later revealing the true nature of the disease. The series illustrated the importance of examining the ears and the vicinity of the joints for the presence of tophi in all cases of multiple arthritis of doubtful origin.

The opinion is expressed that the apparent infrequency of gout in the United States is due in large part to the failure on the part of physicians to recognize the disease.

Lipæmia in Diabetes Mellitus.—FRASER (*Scottish Medical and Surgical Journal*, September, 1903, p. 200) reports an instance of lipæmia in a fatal case of diabetes mellitus in a boy, aged seventeen years. The patient died of typical diabetic coma. The lipæmia was recognized several weeks before death. A microscopic examination of the blood showed the plasma to contain innumerable fine granulations, exhibiting a rapid, oscillatory, "Brownian" movement. After standing for an hour the preparation showed clear refractile droplets less than half the diameter of a red blood corpuscle. These droplets stained black with perosmic acid, and red with Soudan III., demonstrating their fatty nature. Ophthalmoscopic examination of the eyes showed the retinal vessels to have an opaque white color. Death was ushered in by characteristic "air hunger," and the urine contained large amounts of acetone and diacetic acid.

The heart's blood, removed at autopsy and allowed to stand, separated into a lower dark purplish-red coagulum and an upper pale reddish-brown turbid serum, at the bottom of which was a creamy white layer of fat. The cavities of the pleura, pericardium, and peritoneum, as well as the subdural space, contained a large quantity of milky fluid. The vessels on the surface of the brain contained a distinctly milky-looking fluid which evidently displaced the blood. This milky fluid was irregularly distributed. The vessels of all the organs, including the lungs, contained a similar milky fluid. Sections of the various organs stained with hæmatin, perosmic acid, and Soudan III. clearly demonstrated that this milky fluid was fat. There was no marked fatty degeneration in any of the tissues, this being most extensive in the liver.

An analysis of the blood taken from the femoral artery showed 16.44 per cent. of fat, and that of the pleural exudate 18.94 per cent. When one considers that normal blood, according to the numerous analyses of Becquerel and Rodier, contains only from 0.16 to 0.325 per cent. of fat, and the blood of ordinary uncomplicated diabetics, according to Schmidt and Röhring, only from 0.18 to 0.5 per cent., it can be appreciated what an enormous increase there was in this case. In only one instance has this high percentage of fat in the blood been exceeded. Fischer has quite recently reported a case of diabetic lipæmia in which the blood contained 18.129 per cent. of fat.

An excess of fat in the blood of diabetics was noted as early as 1799 by Mariet, of Edinburgh. Special interest was attached to its occurrence in 1879, when Sanders and Hamilton advanced their theory that diabetic coma was due to fat embolism of the cerebral and pulmonary vessels. Fraser supports the generally accepted view that fat embolism is not the cause of the coma. The writer does not think that the fat in these cases is derived from that resulting from fatty degeneration of the viscera. Nor does he believe that it results from an accumulation of the normal fat in the blood owing to defective lipolysis. He points out the significant fact that in his case and in cases reported by other observers the appearance of coma and lipæmia are coincidently, or nearly coincidently, associated with a marked reduction in the quantity of sugar in the blood and urine. He intimates that by means not yet understood the sugar may undergo transformation into fat, a physiological process illustrated by the transformation of sugar into beeswax, as pointed out by Halliburton. He further states that in accordance with the amount of this fat in the blood the solvent capacity of the serum for oxygen would become reduced, and that thereby the death-producing power of the existing acidosis would be reinforced. The writer urges the importance of early recognizing the existence of an acid intoxication and a lipæmia by frequent examinations of the urine and blood. While the lipæmia in itself is not a source of great danger, both are probably dependent on the same factors. He insists on the necessity of commencing the alkaline treatment early when the urine indicates the existence of an acid toxæmia or acidosis.